

CMS Manual System

Pub. 100-04 Medicare Claims Processing

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 932

Date: APRIL 28, 2006

CHANGE REQUEST 4404

SUBJECT: Competitive Acquisition Program (CAP) for Part B Drugs Physician Election

I. SUMMARY OF CHANGES: This CR provides instruction for physicians who wish to elect the CAP to obtain Medicare Part B drugs and biologicals.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: April 28, 2006

IMPLEMENTATION DATE: May 30, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

Attachment –One Time Notification

Pub. 100-04	Transmittal: 932	Date: April 28, 2006	Change Request: 4404
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SUBJECT: Physician Election Process for the Competitive Acquisition Program (CAP)

I. GENERAL INFORMATION

NOTE: This is not a stand-alone CR. This CR provides additional information and instructions for the implementation of the CAP pertaining to the physician election process as outlined in CR 4064, and CR 4309. The final physician election agreement is also an attachment to this CR. The purpose of this CR is to implement the physician election process in general, deal with mid-year changes, and discuss the meaning of group election.

A. Background: Section 303 (d) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003, requires the implementation of a competitive acquisition program (CAP) for Medicare Part B drugs and biologicals not paid on a cost or prospective payment system basis. Beginning with drugs administered on or after July 1, 2006, physicians will be given a choice between buying and billing these drugs under the average sales price (ASP) system, or obtaining these drugs from vendors selected in a competitive bidding process. For purposes of the CAP and throughout this CR, the term “physician” includes individuals defined under section 1861(r) of the Social Security Act and other non-physician practitioners who are authorized to provide physician services under 1861(s) and who can, within their State’s scope of practice, prescribe and order drugs covered under Medicare Part B. Thus, this can include non-physician practitioner (e.g. physician assistants and nurse practitioners) provided that all applicable State practice laws are followed.

In order to implement the annual physician election process, CMS instructed the local carriers in CR 4064 to accept physician election applications immediately following the posting of approved CAP vendors on the CMS web site. CR 4064 also instructed Carriers to create an initial table¹ of all the physicians who have elected to participate in the CAP and all the information requirements listed in this CR. Lastly, it stipulated that every local Medicare carrier with CAP participating physicians shall create an initial list of all those practitioners who have elected to participate in CAP and forward this information to the CAP designated carrier and repeat this process annually.

Annual Physician Election Process

Physicians will be given an opportunity to elect to participate in the CAP on an annual basis. Physicians who elect to participate in the CAP will be required to remain in the program at least one calendar year.

CAP Participating Physician Requirements

Physicians who elect to participate in the CAP will be required to complete a CAP election agreement (final attached) assuring full and continued compliance with the participating CAP physician requirements per 42 CFR §414.908 of Medicare regulations. If a physician makes the decision to participate in the CAP, payment for the administration of any CAP drug or biological may be made only on an assignment-

¹ Previous CRs have used both the terms “list” and “table” for the tally of participating physicians. We will use the term “table” for this CR.

related basis. Additional details are available in the Medicare Claims Processing Manual Chapter 17 sections 100-100.8.2.

Application Process

Physicians who would like to participate in the program can obtain the CAP physician election form, the table of the approved CAP vendors and the specific National Drug Codes (NDCs) that the vendors will provide from the CMS web site at: www.cms.hhs.gov/CompetitiveAcquisforBios/02_infophys.asp. Once the election agreement is completed, it must be submitted to the physician's local Medicare carrier. The physician election process shall operate from October 1 to November 15 of each calendar year to meet operational timeframes. The CAP election agreement must be postmarked by November 15 for election periods of 2007 or later.

For the first CAP year the program does not begin until July 1, 2006. Therefore, the 2006 election period will occur in spring of 2006 and the CAP operational period will be from July 1 – December 31, 2006. CMS will release a joint signature memorandum announcing the exact dates of the physician election period.

Group Election

When members in a group practice bill Medicare using the group's Physician Identification Number (PIN) or National Provider Identifier (NPI) when available², they must commit as a group practice to elect to participate in the CAP. In order for a physician to "buy and bill" separately from the group he or she must not have reassigned his or her benefits to the group, and must be billing using his or her individual PIN (or NPI when available). If a physician in that situation elects to participate in the CAP as an individual, he or she would complete the CAP physician election form with his or her individual PIN (or NPI when available), and other requested information.

Mid-Year Changes³ (See footnote below on meaning of "mid-year" changes).

Per 42 CFR §414.908, physicians are permitted to select another approved CAP vendor or leave the CAP mid-year if any one of the following conditions is met:

1. The approved CAP vendor selected by the physician ceases to participate in CAP;
2. The participating physician leaves a group practice, or a new physician enters a group practice that had selected the approved CAP vendor;
3. The participating CAP physician relocates to another competitive acquisition area (Although multiple CAP competitive areas are anticipated, there is one drug category and one geographic area for the 2006 through 2008 contract period.); or
4. The physician is newly enrolled in the Medicare program and elects to participate in the CAP within 90 days of enrollment.
5. If the approved CAP vendor refuses to ship to the participating CAP physician because the conditions of 42 CFR §414.914(h) were met, the physician can withdraw from the CAP category for the remainder of the year immediately upon notice to CMS and the approved CAP vendor.

² Per 45 CFR §162, PINs will ultimately be replaced by the National Provider Identifier (NPI) system.

³ Note mid-year does not literally mean 6 months into the year. Rather it refers to any participation changes outside the normal election period. See manual for additional details on this process.

See “The Competitive Acquisition Program (CAP) for Drugs and Biologicals Not Paid on a Cost or Prospective Payment Basis” manual chapter for more detail on the mid-year change policy for CAP. Participating CAP Physicians are also required to submit a CAP physician election agreement to their carrier if they relocate their practice and change carrier jurisdictions mid-year.

CAP Physician Election Agreement

The final CAP physician election agreement is attached. Physicians interested in participating in the CAP must download the form from the CAP website and complete pages one, five and 6 of the agreement. If a physician has more than one practice location additional copies of page 6 must be submitted. For group practices all physician members who will be participating in the CAP and billing under the group PIN or NPI when available must be listed, however only one election agreement should be submitted for each group practice. An authorized official may sign the form on behalf of the individual physician or group practice members on page 5. An authorized official is an appointed official to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider’s status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the provider to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the provider’s general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the provider or must hold a position of similar status and authority within the provider’s organization.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement

"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4404.1	The carriers shall receive the CAP physician election agreement forms submitted by physicians in their jurisdiction who wish to participate in the CAP, during the annual election process.			X						
4404.1.2	With the exception of resolving issues concerning the Group PIN information under BR 4309.8 and 4309.8.2 (where a phone contact is required), carriers shall have the discretion when receiving an incomplete or incorrect physician election agreement to resolve the issue(s) by using the most cost effective method – either by an educational phone or e-mail contact; or by rejecting the form and notifying the physician by letter that the election form has been rejected, providing the reason(s) for the rejection, and describing how to reapply.			X						
4404.2	Carriers shall receive the mid-year CAP physician election agreement forms submitted by: 1) newly enrolled physicians in their jurisdiction who wish to participate in the CAP; 2) physicians who enter or leave a group practice; 3) physicians who change carrier jurisdictions; or 4) participating CAP physicians who are allowed to change vendors or discontinue participation in the program after receiving approval from CMS as a result of the dispute resolution process.			X						
4404.2.1	CMS will inform carriers of a participating CAP physician’s ability to change vendors or discontinue participation mid-year as a result of the dispute resolution process. After receiving the revised physician election forms, the			X						

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
	carriers shall manually remove CAP physicians from the table of participating physicians established in 4064.1.1.2.1.									
4404.2.2	After receiving the revised physician election forms, carriers shall manually remove CAP physicians, who elect to end their CAP participation mid-year when they leave their group practice that is participating in CAP within 7 business days.			X						
4404.2.3	After receiving the revised physician election forms, for those physicians who join a group enrolled in the CAP(mid-year), carriers shall manually add these CAP physicians to the annual election table within 7 business days.			X						
4404.4	After receiving the revised physician election forms, carriers shall manually modify the annual CAP participation table within 7 business days when a participating CAP physician relocates to another carrier’s jurisdiction or to another competitive acquisition area (once multiple CAP competitive areas are developed)			X						
4404.5	CMS will inform the carriers that a physician has completed the dispute resolution process and may make a mid-year change and leave CAP because of an approved CAP vendors refusal to ship drugs to the participating CAP physician due to a Medicare beneficiary’s failure to pay cost-sharing The physician subsequently will submit a physician election form to end their participation in CAP. After receiving the revised physician election forms the carrier shall manually remove the affected CAP physician from the annual CAP participation table within 7 business days.			X						

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility (“X” indicates the columns that apply)								
		F I	R H I	C a r r i e r	D M E R C	Shared System Maintainers				Other
						F I S S	M C S	V M S	C W F	
4404.10	A physician education article related to this instruction will be available at www.cms.hhs.gov/medlearn/matters shortly after the CR is released. Notification of the article release will be distributed via the established "medlearn matters/MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic. Contractors are free to supplement Medlearn Matters/MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.			X						
4404. 10.1	Carrier staff shall educate physicians eligible to participate in the CAP on the CAP and on the physician election process. This physician education will take place prior to the beginning of the physician election period and use standard information dissemination mechanisms such as listservs, ask the contractor calls, newsletters and website.			X						
4404.10.2	Carriers shall respond to inquiries from physicians about the CAP and assist physicians with information about how to complete the physician election form.			X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: April 28, 2006 Implementation Date: May 30, 2006 Pre-Implementation Contact(s): Mark Newsom, (410) 786-3198, Mark.Newsom@cms.hhs.gov and Cassie Black,(410) 786-4545, Cassandra.Black@cms.hhs.gov Post-Implementation Contact(s):	No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.
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Attachment

COMPETITIVE ACQUISITION PROGRAM (CAP) FOR MEDICARE PART B DRUGS

CAP PHYSICIAN ELECTION AGREEMENT (Under Section 1847B of the Social Security Act)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0987. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Please type or print all information

1. Participating CAP Physician's Legal Business Name as reported to the IRS <hr/> <hr/>	2. Correspondence Information (Mailing address and telephone number where the participating CAP physician(s) from Block 1 can be contacted directly) <hr/> <hr/> <hr/> <hr/> Telephone ()
3. Participating CAP Physician 's or Supplier's Identification Number or NPI (when effective) <hr/>	4a. Election/Renewal Information (Check One) ___ New CAP Election ___ Renewing election; same approved CAP vendor ___ Renewing Election; changing approved CAP vendor ___ Terminating CAP Election 4b. Check this box if changes to the physician list on page 6 are being made <input type="checkbox"/>
5. Unique Provider ID or NPI (when effective) <hr/>	
6. Select one approved CAP vendor: _____	

I. Meaning of Election

For the purposes of the CAP, the term physician includes all practitioners that that meet the definition of physician under §1861(r) of the Social Security Act. If a physician group practice using a group billing number elects to participate in the CAP, all physicians in the group elect to participate in the CAP when billing under the group billing number. A physician or other authorized official for the practice may complete this form. Each member of a practice is not required to complete a separate form.

If your practice submits claims to more than one carrier, fully complete and submit a separate election form to each carrier that processes claims for your practice.

For purposes of this agreement, election to participate in the CAP means that the participating CAP physician will obtain all CAP drugs and biologicals in selected categories from one approved CAP vendor in the participating CAP physician's competitive acquisition area for one year (six months for 2006). The participating CAP physician will select

COMPETITIVE ACQUISITION PROGRAM (CAP) FOR MEDICARE PART B DRUGS

CAP PHYSICIAN ELECTION AGREEMENT (Under Section 1847B of the Social Security Act)

the categories of drugs and biologicals and the approved CAP vendor at the time of election or when renewing the election. For 2006, there is one drug category and one geographic area.

II. Term and Termination of Agreement

The CAP will begin in 2006. In 2006, the election period will occur in the Spring and the term of election will run from July 1 to December 31, 2006. In subsequent years, the election period will occur prior to the start of the calendar year, and the term of election will run from January 1 to December 31. Election must be renewed on an annual basis. The participating CAP physician may select an approved CAP vendor outside the annual election process when the approved CAP vendor ceases to participate in the CAP, the participating CAP physician relocates to another competitive area, the physician leaves a group practice participating in the CAP, or in other exigent circumstances as defined by CMS. A participating CAP physician may withdraw from the CAP upon notification of CMS and the approved CAP vendor if the approved CAP vendor refuses to ship CAP drugs intended for administration to a beneficiary [under the physician's care] when the conditions of §414.914(h) are met.

Physicians that are new to Medicare may elect to participate within 90 days of their provider number activation. In such cases, the agreement shall continue through December 31 of the calendar year.

A participating CAP physician's participation in the CAP may be suspended or terminated by CMS for the remainder of the election period if the participating CAP physician fails to comply with this agreement.

III. Prescription Order, Claim Submission and Collection of Payments

Drugs in the relevant CAP category will be supplied directly to the participating CAP physician by the approved CAP vendor. CAP prescription orders may be initiated by a telephone call, but must be confirmed in writing as stated in 42 CFR § 414.908(a)(3)(iii). The approved CAP vendor will file claims for drugs supplied to the participating CAP physician under this agreement. The approved CAP vendor is responsible for collecting the coinsurance and deductible amounts from Medicare beneficiaries to whom the product is administered after drug administration is verified. Payment for the drug and the coinsurance amount will be calculated from the quantity of the drug that is administered.

The participating CAP physician agrees to make good faith efforts to minimize the unused portion of CAP drugs in how he or she schedules patients and how he or she orders, accepts, stores, and uses the drugs.

Participating CAP physicians will submit claims with required documentation for drug administration services to their local carrier within 14 calendar days of the administration of the CAP drug. Participating CAP physicians will furnish the approved CAP vendor with the beneficiary's supplemental insurance information, as well as the other information contained in 42 CFR § 414.908 (a) (3) (v) at the time a CAP drug order is placed with the approved CAP vendor.

IV. Agreement to File Claims and Pursue Appeals

Participating CAP physicians agree to file claims for drug administration services with the local carrier within 14 calendar days of the date of drug administration. Physicians who do not participate in Medicare but who elect to participate in the CAP must agree to accept assignment for CAP drug administration claims. In order to appeal a denied CAP claim, participating CAP physicians agree to follow the Medicare Part B administrative appeals process found at 42 CFR § 405.801 et seq., and to submit all required documentation (such as medical records and a certification) necessary to support payment. Participating CAP physicians understand the importance of adherence to the technical and substantive aspects of these requirements inasmuch as the approved CAP vendor's drug claim is paid only upon payment of the participating CAP physician's administration claim. Participating CAP physicians further understand that CMS may suspend or terminate this agreement if the participating CAP physician fails to submit claims that include all required documentation necessary to support payment, and/or if the participating CAP physician fails to appeal denied claims with supporting documentation. Participating CAP physicians agree that the decision made pursuant to the CMS reconsideration process presented at 42 CFR §414.916 constitutes a final decision that is fully binding on the physician and not subject to further appeal.

COMPETITIVE ACQUISITION PROGRAM (CAP) FOR MEDICARE PART B DRUGS

CAP PHYSICIAN ELECTION AGREEMENT (Under Section 1847B of the Social Security Act)

The participating CAP physician must reasonably cooperate with the approved CAP vendor if the vendor chooses to appeal the local carrier's denial. Reasonable cooperation may include providing the approved CAP vendor with access to or copies of medical records, as appropriate and written statements.

V. Medical Review

Participating CAP physicians agree that the physician's local Medicare carrier will adjudicate CAP drug administration claims by checking that the participating CAP physician has elected to participate in the CAP, is billing for appropriate drugs from the selected approved CAP vendor, and that the claim is compliant with all local coverage determinations (LCDs).

VI. Drug Ordering, Replacement and "Furnish as Written" Drugs

The participating CAP physician agrees to order drugs from the approved CAP vendor by using HCPCS code and HCPCS units. The participating CAP physician also agrees to accept the NDCs shipped by the approved CAP vendor during the term of this agreement, and to accept approved changes to the approved CAP vendor's CAP drug list, unless the conditions described below are met.

Drug replacement may be necessary in situations where a participating CAP physician uses a drug from his or her own office inventory to serve a Medicare beneficiary in need of the drug on short notice. Participating CAP physicians agree that a claim for the administration of a drug that is being replaced or restocked through the CAP must be coded with the J2 – Competitive Acquisition Program, (CAP) restocking of emergency drugs after emergency administration modifier. By including the modifier, the participating CAP physician certifies the following:

- (1) The drugs were required immediately;
- (2) The participating CAP physician could not have anticipated the need for the drugs;
- (3) The approved CAP vendor could not have delivered the drugs in a timely manner;
- (4) The drugs were administered in an emergency situation;
- (5) The participating CAP physician is maintaining documentation to validate the information in 1-4; and
- (6) The participating CAP physician will provide this documentation to the local carrier upon request.

There may be instances where medical necessity requires that a specific formulation of a drug be supplied to the patient. In cases where the approved CAP vendor has been contracted to supply that specific formulation as defined by the product's NDC number, and the specified product is medically necessary, the participating CAP physician may order the drug from the approved CAP vendor by specifying the NDC. In cases where the approved CAP vendor has not been contracted to supply a product for the beneficiary, the physician may purchase the drug and bill Medicare for it using the ASP methodology. The participating CAP physician agrees that a claim for "furnish as written" drugs will be paid only if the claim is coded with the designated "furnish as written" modifier and passes the medical review process. By including the modifier, the participating CAP physician certifies:

- (1) A specific drug was medically necessary;
- (2) The selected approved CAP vendor could not provide that specific brand and/or NDC; and
- (3) Documentation to validate the information in (1) and (2) is being maintained by the participating CAP physician and will be provided upon the local carrier's request.

VII. Fraud

The participating CAP physician agrees to the following: In accordance with 18 U.S.C. Section 1001, any omission, misrepresentation, or falsification of any information contained in this application or contained in any communication supplying information to CMS to complete or verify this application may be punishable by criminal, civil, or other administrative actions including revocation of approval, fines, and/or imprisonment under Federal law.

COMPETITIVE ACQUISITION PROGRAM (CAP) FOR MEDICARE PART B DRUGS

CAP PHYSICIAN ELECTION AGREEMENT (Under Section 1847B of the Social Security Act)

VIII. Other Conditions of the CAP

The participating CAP physician must:

- Submit a written order for the drug with complete patient information consistent with 42 CFR §414.908 (a)(3)(iii), and (v).
- Notify the approved CAP vendor when a drug is not administered, or a smaller amount is administered than was ordered, and reach agreement with the vendor how to handle the unused drug consistent with 42 CFR §414.908(a)(3)(viii).
- Maintain a separate electronic or paper inventory for each drug obtained consistent with 42 CFR §414.908(a)(3)(ix).
- Agree not to transport CAP drugs from one place of service to another consistent with 42 CFR §414.908(a)(3)(xii).
- Agree to provide the CMS developed CAP fact sheet to beneficiaries consistent with 42 CFR § 414.908(a)(3)(xiii).
- Obtain drugs newly added to the CAP from the approved CAP vendor rather than bill for them under ASP + 6 methodology. In certain situations, for example if a drug has been recently introduced to the market, CMS will consider an approved CAP vendor's request to supply a drug not previously supplied under the CAP. If changes to the CAP drug list are approved, updates to the CAP drug list and physician notification regarding updates will occur on a quarterly basis. Physicians will then be required to obtain drugs new to the CAP from the approved CAP vendor rather than bill for them under the ASP + 6 methodology.

The participating CAP physician understands that beneficiaries who are enrolled in a Medicare Advantage plan may not receive those drugs through the CAP.

A participating CAP physician may not assign or transfer to another physician, practitioner, or group practice, their rights or obligations under this agreement.

The participating CAP physician agrees to cooperate fully with CMS, its contractors, and its agents in coordinating the activities of the CAP and to resolve promptly issues or questions identified by CMS, its contractors, or its agents.

Election Form Submission:

For successful completion of the CAP election process, the electing physician or authorized official must SIGN and MAIL a copy of this election form to each carrier which receives part B claims from the practice location(s).

Election Form Definitions:

Authorized Official—An authorized official is an appointed official to whom the provider has granted the legal authority to enroll it in the Medicare program, to make changes and/or updates to the provider's status in the Medicare program (e.g., new practice locations, change of address, etc.), and to commit the provider to fully abide by the laws, regulations, and program instructions of Medicare. The authorized official must be the provider's general partner, chairman of the board, chief financial officer, chief executive officer, president, direct owner of 5% or more of the provider (see Section 5 for definition of a "direct owner"), or must hold a position of similar status and authority within the provider's organization.

Legal business name—The name that is reported to the Internal Revenue Service (IRS) for tax reporting purposes and specified in Box 1 of this agreement.

Participating CAP Physician—The physician, or in the case of a physician group practice that bills under a group billing number, each physician in the physician group practice when billing under the group's billing number, that is electing to have an approved CAP vendor supply Medicare Part B drugs and biologicals to Medicare beneficiaries under conditions described by the CAP Physician Election Agreement. If a physician group practice elects to have drugs supplied by CAP, all physicians in that group are covered by the CAP Physician Election Agreement when billing under the group's billing number.

COMPETITIVE ACQUISITION PROGRAM (CAP) FOR MEDICARE PART B DRUGS
CAP PHYSICIAN ELECTION AGREEMENT (Under Section 1847B of the Social Security Act)

Authorized Official's Signature:

The participating CAP physician identified above hereby elects to participate in the CAP for Medicare Part B Selected Drugs and Biological Categories and to comply with items I through VIII above. If a physician group practice using a group billing number elects to participate in the CAP, all physicians in the group elect to participate in the CAP when billing under the group's billing number.

7. Type Name and Title of Authorized Official	8. Authorized Official's Telephone Number
9. Authorized Official's Signature	10. Date

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For each location from which the participating CAP physician submits Medicare Part B claims, list all names and identification codes under which the participating CAP physician files claims. This form may be used by an individual physician or by a group practice. Use copies of this form if additional space is needed to list all PIN, UPIN, or NPI numbers. Fully complete and submit a separate election form to each carrier that processes claims for your practice.

Participating CAP Physician's Legal Business Name from Block 1 of this election form.

Check the box below if the following applies to the practice location listed on this page:

☐ The practice using the addresses below is a group practice.

Practice Address: If additional practice sites exist, use copies of this sheet to list the additional practice addresses and physicians who practice at that location. Note that CAP drugs may not be transported to other practice locations or places of service. CAP drugs must be shipped to the practice address where they will be administered.

Indicate the total number of practice sites included in this election:

Carrier Name and Address:

Participating CAP Physician Name	Physician PIN Number	Physician UPIN Number	Physician NPI (when available)

☐ Check this box if additional pages are being submitted to list physicians using the practice address on this page.